FILED

JUN 2 2 2005

PEGGY B. DEANS, CLERK U.S. BANKRUPTCY COURT EASTERN DISTRICT OF N.C. Barry Lee

1066, Quackenbush Road

Summerton SC 29148

803-469**-**8045 (W)

803-478-5280 (H)

Monday 20th., June 2005

Clerk, U.S. Bankruptcy Court Post Office Box 1441 Raleigh NC 27602-1441

> CASE # 98-02675-5-ATS International Heritage

Dear Sir/ Madam,

I write to request that you change my address on your records of my claim in the above case. My new address is:

1066, Quackenbush Road Summerton SC 29148

All other information is still accurate. I enclose a copy of my proof of claim to make it easier to identify.

I thank you in anticipation of your assistance with this matter.

Yours Faithfully,

Barry Lee

ANY AND ALL ATTACHMENTS MUST BE ON 8 1/2" x 11" PAPER

(444)	dekind natio	
UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NORTH		PROOF OF CLAIM
LAMILIAN DIGING OF HOREIT	H CAROLINA	
Name of Debtor	Case Number:	
INTERNATIONAL HERITAGE, INC.	98-02675-5-ATS	1
The transfer of the transfer o	39-050/3-3-WIP	
NOTE: This form should not be used to make a claim for	r an administrative expense arising after	# (8/#4/###): Maare (8/####################################
the commencement of the case. A "request" for payment of pursuant to 11 U.S.C. §503	an administrative expense may be filed	98D26 & A A E B
Name of Creditor (The person or other entity to whom the debtor		""""""""""""""""""""""""""""""""""""""
owes money or property);	Check box if you are aware that	98 0 02 0 (1994) A Therma
BARRY LEE	anyone else has filed a proof of	Ì
Name and Address where notices should be sent:	claim relating to your claim. Attach	
, •	copy of statement giving particulars.	- JAN 22 1999
BARRY LEE	Check box if you have never	Vm1 ~~
Rt. 1 Box 1117 Quackenbush Rd.	received any notices from the	THE TAX IN THE PART OF THE PAR
Summerton SC 29148	bankruptcy court in this case.	PEGGY B. DEANS, CLER
	☐ Check box if the address differs	THESPA BANKE USANG VSDOLLA
	from the address on the envelope	EASTERN DISTRICT OF
Telephone Number:	sent to you by the court.	
Account or other number by which creditor identifies debtor:	Check here if peplaces	
•		filed claim, dated
1. Basis for Claim	Retiree benefits as defined in 11 U.S.C.	ellia.
☑ Goods Sold	☐ Wages, salaries, and compensation (61)	out below)
☐ Services Performed	Vour SS #-	out below)
☐ Money Loaned	Your SS #: Unpaid Compensation for Services Per	e •
☐ Personal injury/wrongful death	from to	formed
□ Taxes	fromto(date)	
Other	(mic) (mic)	
2. Date debt was incurred: 8-4-96	3. If court judgment, date obtained:	
. Total Amount of Claim at Time Case Filed:	\$ 1,869.50	
fall or part of your claim is secured or entitled to priority, also con		
I check this box it claim includes interest or other charges in additional and the charges in ad	lition to the principal amount of the claim. A	ttach itamized etatement of all
		mach hemiteer statement of the
10.		
Secured Claim.	6. Unsecured Priority Claim	
Check this box if your claim is secured by collateral	6. Unsecured Priority Claim. M Check this box if you have an unsecured	priority claim
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NOTE TO ALL CREDITORS IN CONVERTED CASES ONLY: DO NOT FILE A CLAIM IF YOU FILED A CLAIM UNDER THE PREVIOUS CHAPTER

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